

Consent to Photograph for RESIDENT RECORD

I hereby agree ☐ or disagree ☐ to have my _____
(Name of Resident)

and my childrens' _____
(List first and last names of child/ren)

photograph or likeness thereof taken for residential program record purposes **only**.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

